

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <u>7307</u>	2. Fiscal Year Covered From: <u>11/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name: <u>Robert Roach, Jr.</u> P.O. Box, Bldg., Room No., if any: <u># 804</u> Street: <u>1300 Army Navy Drive</u> City: <u>Arlington</u> State: <u>Va.</u> ZIP Code + 4: <u>02201-2052</u>	
4. Name, file number, and address of labor organization. Name: <u>Intl. Assoc. of Machinists & Aerospace Workers</u> Labor Organization File Number: <u>000-107</u> P.O. Box, Building and Room Number, if any: _____ Street: <u>9000 Machinists Place</u> City: <u>Upper Marlboro</u> State: <u>MD</u> ZIP Code + 4: <u>20772-2687</u>	
5. Position in labor organization: <u>General Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.a. Nature of Interest, Transaction, or Income. _____	
		7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: Robert Roach

On 8/3/05 File # 3019674550
Telephone Number _____

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: I.A.M. National Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 1300 Connecticut Ave., N.W.

City: Washington

State: DC

ZIP Code + 4: 20036

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

11.a. Nature of such dealing.

IAM National Pension Fund provides pension benefits to IAM-represented employees.

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

A dinner.

12.b. Amount.

\$128.18

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Kelly Press

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: 701 Cabin Branch Drive

City: Cheverly

State: MD

ZIP Code + 4: 20785

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

11.a. Nature of such dealing.

Prints Various items
 For J.A.M.

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Horn at Christmas

12.b. Amount.

\$66.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

B. Name and address of Business (including trade name, if any).

Name Gremen, Edmund, Clayton + ParksTrade Name, If any: P.O. Box, Bldg., Room No., If any: Street 1625 Mass. Ave., NW, Suite 700City WashingtonState DC ZIP Code + 4 20036-2243

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Trade Name, If any: P.O. Box, Bldg., Room No., If any: Street: City: State: ZIP Code + 4:

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

Law Firm provides legal services to labor unions.

11.b. Approximate dollar value of such dealing. Unknown

12.a. Nature of interest held or income received.

I received a holiday gift basket from the firm.

12.b. Amount. \$199.95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: Trade Name, If any: P.O. Box, Bldg., Room No., If any: Street: City: State: ZIP Code + 4:

14.a. Nature of payment.

Gift basket

14.b. Amount of payment.